

COAN & LYONS

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JAMES A. LYONS, JR.

WILLIAM S. MOORHEAD (1923-1987)

June 17, 2008

Ms. Donna Carey
Office of the Clerk
United States District Court
Northern District of Illinois
Eastern Division
219 South Dearborn Street
Chicago, IL 60604

Re: Civil Action No. 08-3446

Dear Ms. Carey:

Yesterday, I filed the Complaint in the above-referenced action as an authorized agent of Richard Wolfe, the attorney of record. As we discussed, I actually attempted to file the Complaint twice since my first attempt was unsuccessful. However, although the first attempt was unsuccessful, due to internal error 48, the \$350 filing fee was processed and charged to my credit card. Moreover, when my second attempt to file the Complaint was successful, I had to pay the filing fee again. Therefore, I paid the filing fee twice for the same Complaint.

Please refund this overpayment by crediting the Visa card to which the filing fees were charged. For your information, I am attaching copies of the Payment Summary I received for each charge.

Thank you for your assistance. Please let me know if you should have any questions.

Sincerely,



Carl A.S. Coan, III

CASCH/sb
enclosure

From: paygovadmin@mail.doc.twai.gov

To: sftbl23@aol.com <sftbl23@aol.com>

Subject: Pay.Gov Payment Confirmation

Date: Mon, 16 Jun 2008 3:34 pm

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

Your transaction has been successfully completed.

Payment Summary

Application Name: ILND CM ECF

Pay.gov Tracking ID: 24UPE60M

Agency Tracking ID: 07520000000002860276

Account Holder Name: Carl Coan III

Transaction Type: Sale

Billing Address: 13067 Autumn Willow Drive

City: Fairfax

State/Province: VA

Zip/Postal Code: 22030

Country: USA

Card Type: Visa

Card Number: *****0906

Expiration Date: Apr, 2009

Payment Amount: \$350.00

Transaction Date: Jun 16, 2008 3:33:49 PM

From: paygovadmin@mail.doc.twai.gov

To: sftbl23@aol.com <sftbl23@aol.com>

Subject: Pay.Gov Payment Confirmation

Date: Mon, 16 Jun 2008 4:09 pm

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

Your transaction has been successfully completed.

Payment Summary

Application Name: ILND CM ECF

Pay.gov Tracking ID: 24UPECUF

Agency Tracking ID: 07520000000002860504

Account Holder Name: Carl Coan III

Transaction Type: Sale

Billing Address: 13067 Autumn Willow Drive

City: Fairfax

State/Province: VA

Zip/Postal Code: 22030

Country: USA

Card Type: Visa

Card Number: *****0906

Expiration Date: Apr, 2009

Payment Amount: \$350.00

Transaction Date: Jun 16, 2008 4:09:12 PM